MAXIMUS Federal Services

Case Number:	CM15-0026582		
Date Assigned:	02/18/2015	Date of Injury:	02/01/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male, who sustained an industrial injury on 2/1/2013. The current diagnoses are cervical spine sprain/strain, cervical radiculopathy, lumbar spine sprain/strain, lumbar radiculopathy, carpal tunnel syndrome, wrist sprain/strain, and shoulder impingement syndrome. Currently, the injured worker complains of constant pain in the low back, neck, bilateral shoulders, and bilateral arms/wrists/hands. The pain on all body parts is rated 9/10 on a subjective pain scale. The physical examination revealed tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, and spinous processes. There are muscle spasms of the cervical paravertebral muscles. Shoulder depression causes pain bilaterally. There is tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum, and spinous process. There are muscle spasms of the lumbar paravertebral muscles. Straight raise leg test causes pain. The bilateral shoulders and bilateral wrists were tender to palpation. Treatment to date has included medications and testing. The treating physician is requesting Alprazolam 1mg, #120 and Norco 10mg, #90, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for Alprazolam 1mg, #120 and Norco 10mg, #90. The Norco was modified to # 30 to allow for weaning and/or submission of supporting documentation. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Alprazolam 1mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Norco 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.